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ABSTRACT

A total of 11 children 4 years of age were questioned about the purposes and procedures of hospitalization both before and a week after a special school-based preparation program. Subjects expressed more ideas, particularly regarding what occurs in hospitals, after the program than before it. Their comments about hospitalization were more specific following the intervention, but neither the accuracy nor the fluency of ideas regarding feelings was affected. Subjects maintained a generally negative view of hospital life at the conclusion of the program. Further investigation of the efficacy of school-based preparation programs in protecting the emotional well-being of hospitalized children is recommended. (Author/RH)

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EFFECTS OF A SCHOOL-BASED PREPARATION PROGRAM ON YOUNG CHILDREN'S IDEAS AND FEELINGS CONCERNING THE HOSPITAL

by

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Abstract

Eleven four year old children were questioned about the purposes and procedures of hospitalization both before a special school-based preparation program and one week after its completion. Subjects expressed more ideas, particularly regarding what occurs in hospitals, following the program. Their comments about hospitalization were more specific after this intervention, but neither accuracy nor the fluency of ideas regarding feelings were affected. The subjects maintained a generally negative view of hospital life at the conclusion of the program. The author urges further investigation of the efficacy of school-based preparation programs in protecting the emotional well being of hospitalized children.

Many hospitals have developed preadmission preparation programs in which information about hospitalization is imparted to children and opportunities are provided for the expression of fears and concerns in a nurturing setting. These have been found to reduce uncertainty and anxiety in both parents and children (Skipper and Leonard, 1968; Melamed and Siegel, 1975; Wolfer and Visintainer, 1975; Fassler, 1979).

These efforts are sometimes limited, since hospitals in some communities lack the resources to implement such programs. Too, children often enter the hospital for the first time under an emergency situation and have no opportunity for a well planned preadmission preparation experience.

For these reasons, educators and other adults who have daily contact with children might consider the development of special stress-reducing preparation programs to be presented before children are hospitalized. Classroom teachers, for example, could implement, with assistance from local community health specialists, yearly hospital units, utilizing ideas from the Child Life literature. These efforts should not replace, but complement those of Child Life workers and others who care for children in hospitals.

Can such programs lead to significant changes in the young child's view of the hospital? The purpose of this article is to present the findings of a pilot inquiry into the effects of a school-based preparation program for four year olds. It was expected that young children in this program would acquire information about the purposes and procedures of hospitalization and insight into the feelings associated with hospital admission. It was predicted that children's ideas would be more accurate and specific, following the program, and that they would hold generally more positive attitudes towards hos-

pitals and hospital personnel.

Methods

The Preparation Program

Eleven four year old children, enrolled in a morning preschool program serving primarily middle class families, were provided special hospital-related experiences for a one week period. The following procedures were implemented:

1. Numerous books were read to children about the hospital experience. Many were selected from Altschuler's (1978) bibliography, Books That Help Children to Deal with a Hospital Experience. Open discussion followed each reading.

2. "Circle time" activities were conducted to impart information about the hospital and to encourage expression of feelings. Discussions of pictures and real hospital instruments were included.

3. A visit to a hospital, including a full group tour of a surgical area, a hospital room and the children's play area, was conducted on the second day of the program.

4. A special dramatic play area was developed on the third day of the program, allowing children to "play out" previous hospital-related experiences during the remainder of the program. This area was equipped with real medical instruments. Teachers played with children in an effort to facilitate self-expression and insure meaningful hospital play.

Pre- and Post-Treatment Interviews

All children were interviewed before this preparation program and again one week after its completion. The interviews were open-ended and informal, conducted by a teacher with whom they were familiar.

The following questions were asked:

1. Why do people go to the hospital? (Why Question)
2. What happens to a person who goes to the hospital? (What Question)
3. After a brief story was told, about a little girl (or boy, depending on the sex of the child interviewed) who requires surgery and is preparing for hospital admission, the interviewer asked: How did the little girl (or boy) feel? (Feelings Question)

Children were encouraged to give many answers and to elaborate on these. After each response to the Feelings Question, the interviewer asked: Why did she (or he) feel that way?

Rating procedures and Statistics

The interviews were recorded, then analyzed in several ways. Overall fluency of ideas about the hospital was determined by counting the number of different responses of each child to all questions. Each response to the What and Why questions was rated according to the following dichotomies: Accurate/Inaccurate, Specific/General. Answers to the Feelings question were rated Positive, Negative or Neutral. (All statements made by children during the entire interview were also rated in this way.) The reasons for feelings, articulated by children in the study, were analyzed informally.

Scores by the primary researcher on a sample tape of children's answers were compared with those of a second rater. Agreement of 93% to 98% was achieved in this analysis indicating that the ratings of this study were reliable.

Repeated measures analysis of variance was used to test for the statistical significance of before/after differences on overall fluency of ideas. A Chi-square test of significance, using the correction for continuity where

necessary, was utilized to look for changes at the end of the program in the frequency of various catagories of responses.

Limitations of the Study

The limitations of this research model are obvious. The one-group repeated measures design does not allow for comparison to a control group. Further, practice effects of the pretest could account for some of the variance in children's post-test responses. The sample size is not large enough to allow generalization to a larger population. Results of the analysis of variance, a parametric statistical procedure, should be interpreted cautiously.

A more representative and randomly-selected sample of young children is needed. Generally, much of the analysis of this data was open-ended and non-statistical, serving primarily to stimulate interest in further, more controlled research in this area.

Results and Discussion

Fluency of Ideas Concerning the Hospital

The school-based preparation program did appear to significantly increase the overall fluency of children's ideas concerning the hospital, $F(1,10) = 4.73$, $p < .01$. While the program had little effect on the number of different responses to the Why question or the questions regarding feelings, it significantly enhanced the diversity of responses in regard to the What question, $F(1,10) = 5.78$, $p < .01$. These findings are presented in Table 1.

Insert Table 1 about here.

The program enabled these children, then, to express more ideas about what occurs in hospitals. This may reflect the orientation of the program toward imparting information about medical personnel, procedures and instru-

ments. It was less effective in promoting an understanding of the purposes for hospitalization or associated feelings, though these are also fundamental goals of a good preparation program (Vernon, Foley, Sipowicz and Schulman, 1965). Adapting, for the classroom, preparation activities such as those outlined by Fassler (1979), which heighten children's awareness of feelings and emphasize the reasons for a hospital visit, might strengthen this program in these areas.

Accuracy and Specificity of Ideas

Overall frequency of ideas about the hospital reveals little about their accuracy or specificity. Responses to these questions were rated, then, in these two areas.

There were no differences in the accuracy of children's responses to the What and Why questions before and after the program. In fact, all answers in the study, except two, were rated as Accurate. One child in the last interview uttered the following statement, which was rated Inaccurate: "If you get your arms cut off, like in a sword fight, you have to go to the hospital." Another child, in the last interview reported fear of going to the hospital because "They might choke you." Generally, these types of grossly inaccurate notions about the hospital were absent from these interviews, indicating that these children held a roughly accurate view of hospitalization, even before this program.

It was an informal observation of this researcher that the subjects of the study, whose families were of high socioeconomic status, were highly knowledgeable and verbal. The accuracy of views concerning the hospital of children from disadvantaged homes should be investigated. SES or other home and family variables are rarely considered in the literature on hospitalized

children. The ways in which cognitive variables mediate in the child's efforts to cope with a hospital experience should also be explored.

The frequency of responses rated as Specific was significantly greater after the preparation program, χ^2 (1) = 3.88, $p < .05$. These frequencies are presented in Table 2.

Insert Table 2 about here.

As shown, the group expressed an equal number of general statements about purposes for hospitalization and hospital related procedures both before and after the treatment. General responses to the Why question, such as "Because you're sick" or "Because you're hurt," and the What question, including "Get sick" or "Get fixed" were frequent in both interviews. These types of statements, while accurate, did not detail the events of a hospital stay or identify specific reasons for admission.

Specific answers to the Why question, such as "To have a baby," "To get your blood checked," "Because you are burned and go to the burn unit" or "Because you swallowed something and they have to get it out;" and to the What question, including "Get X-rays," "Get blood pressure taken," "Get a bracelet with your address on it," "Get taken in an ambulance" or "Get stitches" were significantly more common after the program.

This intervention increased, then, children's detailed understanding of hospital procedures. A major component of most successful hospital-based preparation programs has been the concrete presentation of the details of hospital life (Johnson, Kirchhoff and Endress, 1975; Melamed and Siegal, 1975; Wolfer and Visintainer, 1975; Fassler, 1979). These findings suggest that familiarity with the day-to-day events of the hospital can be achieved in a

school-based program, as well.

Feelings Assigned to the Hospital Experience

There were no differences in the Positive/Negative/Neutral ratings of responses to the Feelings question. The children were equally limited in descriptions of feelings before and after the program. "Mad" or "Sad" comprised 66% of all Feelings question responses in the pretreatment interview and 63% of answers to this question following the program. Only one response was rated as Positive in the initial interviews. Only two positive statements were offered after the program.

All responses in the entire study were also rated as Positive, Negative or Neutral. Table 3 presents these findings. Chi-square was significant at the .05 level, χ^2 (2) = 6.41.

Insert Table 3 about here.

A notable finding in this analysis was the marked rise in the number of post-test statements rated as Neutral. These were often factual statements reflecting the higher frequency of detailed descriptions of hospital procedures following the preparation program.

It is clear from these results that children associate hospitalization with negative feelings. This hospital preparation did not fundamentally alter their view. An important question concerning the purposes of a preparation program is raised by these results: Is the goal of preparation to provide a fully positive view of the hospital experience? An accurate and detailed understanding of the hospital may expose young children to real feelings, not always positive, associated with admission and treatment. Familiarity with these feelings may be a necessary part of total preparation for hospitaliza-

tion.

A variety of reasons were given by the children for the negative feelings attributed to hospitalization. "Shots" was the most frequent response (21% of answers) in initial interviews. After the program, children were less concerned with these (only 6% of responses) and more distressed by the strangeness of the place and people (18% of answers). Concrete experiences with hospital staff and environment on the tour may have stimulated this concern with the unfamiliarity of hospital life.

A wide range of other fears about the hospital were discussed by children both during and after this program. One child expressed fear of "strange people with masks." Another wanted "Mommy in the surgery room." The frequency and variety of these fear responses highlights the importance of careful attention to the emotional needs of hospitalized children.

Conclusion

The findings of this study support further exploration of the school-based preparation program, as a means of imparting information to young children about the hospital. The number of ideas children expressed, particularly in regard to what occurs in hospitals, increased at the end of this program. Though children had a generally accurate understanding of the hospital even before this experience, their descriptions of hospital events were more specific at its conclusion.

Since some of the stress of hospitalization is attributed to unfamiliarity (Vernon et cl., 1965), this increase in knowledge may lead to greater copeability in an actual hospital setting.

The impact of this program appeared exclusively intellectual, however.

Children were still quite limited in their verbal expression of feelings concerning the hospital following the program. The profoundly negative view of hospitals which children articulated before the program was not altered by this intervention. These findings may indicate a need for a greater feelings orientation in future school-based efforts. A somewhat different interpretation is that a preparation program provides an accurate view of hospitals, including the negative feelings associated with admission and treatment. Familiarity with fear, loneliness and discomfort of hospitalization may actually be psychologically useful in reducing stress later, when the child is confronted with an actual hospital experience.

Further research is needed to determine the effects of such a program on young children's emotional reactions to hospitalization, itself. Particular emphasis should be given to the long range impact of such an intervention. The length and frequency of these classroom units, necessary to benefit the child in a hospital setting, should be explored.

The ways in which such programs might interact with existing hospital-based efforts should be examined. Child Development, Child Life and Medical specialists should collaborate on the further development of school-based preparation programs and research on their contributions to the emotional well-being of hospitalized children.

Table 1

Mean Frequency of Responses for What, Why and Feelings Questions and for All Questions in the Study

Question	Pretest	Post-test
Why?	2.27	3.82
What?	1.82	2.82*
Feelings	1.82	1.73
Reasons for Feelings	2.09	1.91
All Questions	8.00	10.27*

*$p < .01$.

Table 2

Frequencies of General and Specific Responses to What and Why Questions

Specificity of Response	Pretest	Post-test
General	25	25
Specific	20	43

Table 3

Frequencies of Positive, Negative and Neutral Responses to All Questions

Rating of Response	Pretest	Post-test
Positive	5	6
Negative	68	70
Neutral	15	37